EXPRESS MAIL CERTIFICATE

PLEASE CHARGE ANY DEFICIENCY UP TO \$300.00 OR

Label No hereby certify that, on the date indicated above, this paper or fee was deposited with the U.S. Postal Service & that it was addressed for delivery to the Assistant Commissioner for Patents, Washington, DC 20231 by "Express Mail Post Office to

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MENT TO OUR DEPOSIT ACCOUNT NO. 04-0100

Docket No: 6920/0J924

Customer No.:

PATENT TRADEMARK OFFICE

DARBY & DARBY P.C.

805 Third Avenue New York, New York 10022 212-527-7700

Box PATENT APPLICATION Assistant Commissioner for Patents Washington, DC 20231

Sir:

Enclosed please find an application for United States patent as identified below:

<u>Inventor/s</u> (name <u>ALL</u> inventors):

Hiroshi KOSHIBA

Title: SEMICONDUCTOR TEST APPARATUS AND CONTROL METHOD THEREFOR

including the items indicated:

- Specification and 8 claims: 2 indep.; 6 dep.; multiple dep.; 1. including 15 page(s) of written description; 2 page(s) of claims; 1 page(s) of abstract.
- 2. [X] Drawings, 5 sheets (Figs. 1-5)
- 3. [X] Executed Declaration/Power of Attorney [] Unexecuted Declaration/Power of Attorney
- [X] Assignment for recording to: Ando Electric Co., Ltd.

Ü ű Ľ٦ Çĵ IJ Uħ 늌 Ľ) <u>L</u>i [X] Pursuant to 37 C.F.R. §1.215(b), please print the following assignment information on the face of the published application:

Assignee: Ando Electric Co., Ltd.

5. [X] Priority is claimed under 35 U.S.C. §119(b) of:

Country:

Japan

Number:

2000-317871

Date:

October 18, 2000

A certified copy of the prior document [X] is enclosed [] will follow [] was filed in a previous application.

6. [X] Payment in amount of \$780.00, (\$740 filing; \$40 recording)

in the form of

[X] check

[] deposit account no. 04-0100

[] credit card (see attached form)

(See attached Fee Computation Sheet)

Date: October 11, 2001

Respectfully submitted,

S. Peter Ludwig/ Reg. No. 25,351

Attorney for Applicant(s)

Docket No.: 6920/0J924

PATENT FEE COMPUTATION SHEET

	No. of Claims Presented	Extra Claims Previously Paid For	Number of Extra Claims	Rate
Basic Fee				\$740.00
Total Claims	8 - 20	- 0 = 0	x \$18.00	\$0.00
Independent Claims	2 - 3	- 0 = 0	x \$84.00	\$0.00
Multiple Depende	nt Claims	- if so, add	\$280.00	\$0.00
Surcharge for la	te submission of fil	ing fee and/or decl	aration (\$130.00)	\$0.00
SUBTOTAL				\$740.00
() Small Entity REDUCTION (Half of Subtotal)				\$0.00
Feē for recordation of assignment (\$40.00)				\$40.00
Charge for filing non-English language application (\$130.00)				\$0.00
TOFAL				\$780.00